

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

36528

1. PLACE OF DEATH

County JACKSON Registration District No. 800
Township KAW Primary Registration District No. _____
City KANSAS CITY (No. 3521; BALTIMORE) St. 4449 Ward)

2. FULL NAME

MRS. KATIE ELMA LOGAN OHMER
(a) Residence, No. 3521 BALTIMORE St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HARRY S. OHMER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEBRUARY 6-1863</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>9</u>
		<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>DAYTON</u> (STATE OR COUNTRY) <u>OHIO</u>		
13. NAME <u>SAMUEL LOGAN</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>PENNSYLVANIA</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>LOYINA</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>PENNSYLVANIA</u> (STATE OR COUNTRY)		
17. INFORMANT <u>MR. HARRY S. OHMER</u> (ADDRESS) <u>3521 BALTIMORE AVE.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>DAYTON, OHIO</u> DATE <u>NOV-14 1933</u>		
19. UNDERTAKER <u>D.W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u>		
20. FILED <u>11-13 1933</u> <u>M. M. Crowl</u> <u>Regist.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1928, to Nov 13, 1933.
I last saw her alive on Nov. 12, 1933 Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Chronic Endocarditis

100

Other contributory causes of importance:
none

Name of operation _____ Date of _____
What test confirmed diagnosis? General Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify _____
(Signed) C. S. Lentz, M. D.
(Address) 1325 Grand Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. C. A. Leitz
1325 Grace Ave.
1:30-6